

THE ORDER OF EASTERN STAR IN MONTANA
ELECTA'S CUP
APPLICATION FOR AID

_____, MT _____, 20____

TO THE MEMBERS OF THE ELECTA'S CUP COMMITTEE:

I fraternally request financial assistance from the Electa's Cup Fund of the Grand Chapter of the Order of the Eastern Star in Montana and in support of my application therefore I submit the following.

Name: _____ **Address:** _____

Member of _____ **Chapter No.** _____ **of** _____, **Mt.**

Since: _____ **19** _____ (or) **20** _____

Age: _____ **Occupation:** _____

Dependents:

Name	Age	Attending School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Requested: \$_____

How will the money be used: _____

_____ Chapter No. _____, Mt.

We recommend the aid requested above be granted. We will notify the members of the Electa Cup Committee of any change in the financial condition of the applicant.

Fraternally Submitted,

SEAL OF THE CHAPTER

Worthy Matron

Committee Member

Secretary

Committee Member

(This form may be duplicated)